

# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-2. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201															
MEDICAL EXAMINER'S CERTIFICATE OF DEATH															
1. DECEASED-NAME (Type or Print)			First <i>James</i>			Middle <i>Royston</i>			Last <i>Anderson</i>			2a. DATE KNOWN OF DEATH ESTIMATED <input checked="" type="checkbox"/> <i>June 14</i> 19 <i>68</i>		2b. HOUR <i>9:45</i> AM	
3. SEX <i>Male</i>		4. RACE <i>White</i>		5. DATE OF BIRTH <i>Mar. 24, 1906</i>		6. AGE (In years last birthday) <i>62</i> YRS.		IF UNDER 1 YEAR MONTHS _____ DAYS _____		IF UNDER 24 HRS. HOURS _____ MIN _____		2c. DATE PRONOUNCED DEAD Month <i>June</i> Day <i>14</i> Year <i>68</i>		2d. HOUR <i>10:10</i> AM	
7a. BIRTHPLACE (State or foreign country) <i>Maryland</i>			7b. CITIZEN OF WHAT COUNTRY? <i>USA</i>			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>			9. COUNTY OF DEATH <i>Queen Annes</i>				Md.		
10. CITY OR TOWN OF DEATH <i>Chester</i>			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>xx</i>						12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Wheelwright</i>			12b. KIND OF BUSINESS OR INDUSTRY <i>Steel</i>			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) <i>Maryland</i>			13b. COUNTY <i>Queen Annes</i>			13c. CITY OR TOWN <i>Chester</i>			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER <i>xx</i>				
14. FATHER'S NAME First <i>James</i> Middle <i>Fulton</i> Last <i>Anderson</i>			15. MOTHER'S MAIDEN NAME First <i>Lottie</i> Middle <i>Eckstein</i> Last <i>Eckstein</i>												
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			(If yes give war or dates of service)			16b. SOCIAL SECURITY NO. <i>216-09-5657</i>			17. INFORMANT <i>Mrs. Dorothy Jones</i>			ADDRESS <i>Chester, Maryland</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gun shot wounds of head</i> <i>955x</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>															
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>976x Deep Depression for 54 years</i>															
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21b. TIME OF INJURY Month-Day, Year HOUR A.M. <i>9:45</i> AM <i>June 14</i> 19 <i>68</i>				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <i>Shot Self With 1 gun mouth 1 gun in Ear</i>							
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <i>Home</i>				21f. LOCATION Street or R.F.D. No. City or Town County State <i>Dominion Rural Chester Q.A. Md</i>							
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>															
ACTUAL SIGNATURE <i>C. Rodney Layton</i>				CHIEF MEDICAL EXAMINER <input type="checkbox"/>				22b. DATE SIGNED <i>June 12, 1968</i>							
EXAMINER'S NAME (Type) <i>C. Rodney Layton</i>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>							
				ADDRESS (Street, city, town, or county) <i>Centreville, Md.</i>											
23a. BURIAL, CREMATION, or other (Specify) <i>Burial</i>				23b. DATE <i>June 17</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Stevensville</i>				23d. LOCATION (City or Town) (County) (State) <i>Stevensville, Maryland</i>					
24. FUNERAL DIRECTOR <i>Edgar L. Lane</i>				ADDRESS <i>Church Hill, Maryland</i>				25a. REC'D BY REGISTRAR <i>JUN 20 1968</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					

52230

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MEDICAL CERTIFICATE

1. DECEASED-NAME (Type or print)				2a. DATE OF DEATH		2b. HOUR	
Anita Butler				JUNE 25 1968		6p. M.	
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)	
FEMALE		White		JANUARY 1, 1878		90 YRS.	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH	
Maryland		U.S.A.				QUEEN ANNE'S Md.	
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
SODERSVILLE		Kitty's Nursing Home		RETIRED TEACHER		SCHOOL	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Maryland		QUEEN ANNE'S CENTREVILLE		CENTREVILLE		13e. STREET AND NUMBER	
14. FATHER'S NAME		15. MOTHER'S MAIDEN NAME					
Charles Wrightson Butler		Isabelle Cornelia Bryan					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown		16b. SOCIAL SECURITY NO.		17. INFORMANT		Address	
No		218-34-9444		SISTER		Mrs. Louise B. Carter, QUEENSTOWN, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 1. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Cerebral Thrombosis						72 hours	
DUE TO, OR AS A CONSEQUENCE OF							
(b) Arteriosclerotic Vascular Disease						5 years	
DUE TO, OR AS A CONSEQUENCE OF							
(c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
332X							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that (I) (this hospital) attended the deceased from Jan 1, 1967, to June 25, 1968, that (I) (we) lost saw the deceased alive on June 25, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE John R. Smith, Jr.				DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 6/25/68	
22d. PHYSICIAN'S NAME (Type) John R. Smith, Jr.				22e. ADDRESS Centreville, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)	
BURIAL		JUNE 28, 1968		CHESTERFIELD CEMETERY		CENTREVILLE QUEEN ANNE'S, Md.	
24. FUNERAL DIRECTOR				ADDRESS		25a. REC'D BY REGISTRAR	
James H. Butler, Jr. Butler Bur.				Centreville, Md.		JUL - 1 1968	
						25b. REGISTRAR'S SIGNATURE Charles Judge	

19220

FOR STATE  
HEALTH DEPT.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201														
MEDICAL EXAMINER'S CERTIFICATE OF DEATH														
1. DECEASED-NAME (Type or Print)			First <b>James</b>			Middle <b>Perry</b>			Last <b>Cooper</b>			2a. DATE KNOWN OF DEATH ESTIMATED <input type="checkbox"/> MONTH Day Year <b>6 21 1968</b>		2b. HOUR <b>M</b>
3. SEX <b>Male</b>		4. RACE <b>Colored</b>		5. DATE OF BIRTH <b>9/5/1889</b>		6. AGE (in years last birthday) <b>78</b> YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		2c. DATE PRONOUNCED DEAD Month Day Year <b>19</b>		2d. HOUR <b>M</b>
7a. BIRTHPLACE (State or foreign country) <b>Maryland</b>			7b. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH <b>Queen Anne's County</b> Md.					
10. CITY OR TOWN OF DEATH <b>Pondtown, Md.</b>				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>At Home</b>				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Labor</b>				12b. KIND OF BUSINESS OR INDUSTRY <b>Various</b>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Maryland</b>				13b. COUNTY <b>Queen Anne's</b>				13c. CITY OR TOWN <b>Pondtown</b>		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER		
14. FATHER'S NAME First <b>William</b> Middle <b>Cooper</b> Last <b>Cooper</b>				15. MOTHER'S MAIDEN NAME First <b>Mary</b> Middle <b>Ellen</b> Last <b>Bordley</b>				16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes give war or dates of service)						
16b. SOCIAL SECURITY NO. <b>219-07-6549</b>				17. INFORMANT <b>Mrs. Daisey Cooper</b> ADDRESS <b>R.F.D. #1 Chestertown, Md.</b>										
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Cardio Vascular</b> <b>4129</b> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <b>disease</b> (b) <b>years</b> DUE TO, OR AS A CONSEQUENCE OF (c)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <b>4221</b>														
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. <b>19</b>				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				21f. LOCATION Street or R.F.D. No. City or Town County State						
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>														
ACTUAL SIGNATURE <b>Rodney C. Layton</b>				EXAMINER'S NAME (Type) <b>Rodney C. Layton</b>				CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ADDRESS (Street, city, town, or county) <b>Centreville, Md</b>				22b. DATE SIGNED <b>6-22-68</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				23b. DATE <b>6/24/68</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cem.</b>				23d. LOCATION (City or Town) (County) (State) <b>R.F.D. Millington Md</b>				
24. FUNERAL DIRECTOR <b>Charles Judge</b>				ADDRESS <b>Chestertown, Md</b>				25a. REC'D BY REGISTRAR DATE <b>JUN 26 1968</b>				25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>		

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TO THE HONORABLE SECRETARY OF THE ARMY

WASHINGTON, D. C.

DEAR SIR:

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully, your obedient servant,

Very truly yours,

JOHN D. BROWN

Major General, U. S. Army

Washington, D. C.

Enclosed for you are two copies of a report of the Committee on the

State of the Army, which was presented to the House of Representatives on the 10th inst.

and which contains a full and complete statement of the condition of the Army at the present time.

I am, Sir, very respectfully, your obedient servant,

Very truly yours,

JOHN D. BROWN

Major General, U. S. Army

Washington, D. C.

I am, Sir, very respectfully, your obedient servant,

Very truly yours,

JOHN D. BROWN

Major General, U. S. Army

Washington, D. C.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove to the proper authorities. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

08996

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) <b>CHARLES LEE DAVIS</b>			2a. DATE OF DEATH Month <b>6</b> Day <b>8</b> Year <b>1968</b>			2b. HOUR <b>8:25 P.</b>				
3. SEX <b>MALE</b>		4. RACE <b>NEGRO</b>		5. DATE OF BIRTH <b>FEB. 17, 1915</b>		6. AGE (In years last birthday) <b>53</b> YRS.		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.		
7a. BIRTHPLACE (State or foreign country) <b>VIRGINIA</b>		7b. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <b>QUEEN ANNE'S</b> Md.				
10. CITY OR TOWN OF DEATH <b>GRASONVILLE</b>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>OYSTER SHUCKER</b>			12b. KIND OF BUSINESS OR INDUSTRY <b>SEAFOOD</b>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) <b>Maryland</b>			13b. COUNTY <b>QUEEN ANNES</b>		13c. CITY OR TOWN <b>GRASONVILLE</b>		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER <b>KENT NARROWS</b>	
14. FATHER'S NAME First Middle Last <b>William - DAVIS</b>			15. MOTHER'S MAIDEN NAME First Middle Last <b>Bridget - DAVIS</b>							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown <b>No</b> (If yes give war or dates of service)			16b. SOCIAL SECURITY NO. <b>212-20-8377</b>		17. INFORMANT <b>Brother</b> Address <b>Roy D. DAVIS, PRICE, Maryland 21656</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CIRRHOSIS of LIVER</b> <b>571.9</b> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Remote</b>										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) <b>5810</b>										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <b>19</b>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State						
22a. I certify that (I) (this hospital) attended the deceased from <b>7-10</b> , 19 <b>67</b> , to <b>6-8</b> , 19 <b>68</b> , that (I) (we) last saw the deceased alive on <b>6-3</b> , 19 <b>68</b> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE <b>R. Libby</b>					DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED <b>6-9-68</b>			
22d. PHYSICIAN'S NAME (Type) <b>Ralph E. Libby M.D.</b>					22e. ADDRESS <b>Grasonville, Md.</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>JUN 12, 1968</b>		23c. NAME OF CEMETERY OR CREMATORY <b>NEW Mount Zion CEMETERY</b>		23d. LOCATION (City or Town) (County) (State) <b>Painter, Accomac County, Md.</b>				
24. FUNERAL DIRECTOR <b>James H. Burt Jr. Burt Bros, Centerville, Md.</b>					25a. REC'D BY REGISTRAR DATE <b>JUN 12 1968</b>		25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>			

*[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page. Some words like "RECEIVED" and "1002" are visible.]*





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08997

09002

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) <b>Albert Sydney Gadd, Jr.</b>			2a. DATE OF DEATH Month <b>June</b> Day <b>19</b> Year <b>1968</b>			2b. HOUR <b>12:45</b> M	
3. SEX <b>Male</b>		4. RACE <b>White</b>		5. DATE OF BIRTH <b>September 7, 1898</b>		6. AGE (In years last birthday) <b>69</b> YRS.	
7a. BIRTHPLACE (State or foreign country) <b>Maryland</b>		7b. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <b>QUEEN ANNE'S</b> Md.	
10. CITY OR TOWN OF DEATH <b>Centreville</b>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>RESIDENT - NATIONAL BANK</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>BANKING</b>	
13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) <b>Maryland</b>		13b. COUNTY <b>QUEEN ANNE'S</b>		13c. CITY OR TOWN <b>Centreville</b>		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
14. FATHER'S NAME First <b>Albert Sydney</b> Middle <b>Gadd</b> Last <b>Gadd</b>		15. MOTHER'S MAIDEN NAME First <b>Margaret Estelle</b> Middle <b>Taylor</b> Last <b>Taylor</b>					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes (no. or unknown) <b>YES</b> (If yes give year or dates of service) <b>WWI</b>		16b. SOCIAL SECURITY NO. <b>220-26-3940</b>		17. INFORMANT <b>WIFE</b> Address <b>Mrs. Ruth B. Gadd, Centreville, Md.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> <b>4109</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Coronary Sclerosis</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>4201</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: <b>4201</b>							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>36 min</b> <b>8 years</b>
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) <b>Diabetes Mellitus - 2 years known</b>							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <b>19</b>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that (I) (this hospital) attended the deceased from <b>Oct 15, 1967</b> , to <b>June 18, 1968</b> , that (I) (we) lost the deceased alive on <b>June 19, 1968</b> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <b>C. R. Layton MD</b>				DEGREE <b>MD</b>		22c. DATE SIGNED <b>June 22, 1968</b>	
22d. PHYSICIAN'S NAME (Type) <b>C. R. Layton</b>				22e. ADDRESS <b>Centreville Md</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 21, 1968</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CHESTERFIELD CEMETERY</b>		23d. LOCATION (City or Town) (County) (State) <b>CENTREVILLE QUEEN ANNE'S, Md.</b>	
24. FUNERAL DIRECTOR <b>Wm. H. Barton Jr. - Barton Bros. - Centreville, Md.</b>				25a. RECD BY REGISTRAR <b>JUN 24 1968</b>		25b. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

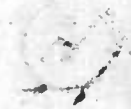
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UNITED STATES DEPARTMENT OF JUSTICE

WARRANT OF ARREST

00000

IN RE: [Illegible Name]  
[Illegible Address]  
[Illegible City, State, Zip]  
[Illegible Date]  
[Illegible Signature]  
[Illegible Title]  
[Illegible Court]  
[Illegible Case No.]



FOR STATE  
HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MEDICAL CERTIFICATION

1. DECEASED NAME (Type or Print) <b>SAMUEL ROBERT JACKSON</b>										2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> Month <b>June</b> Day <b>13</b> Year <b>1968</b>		2b. HOUR <b>4:30 PM</b>			
3. SEX <b>Male</b>		4. RACE <b>White</b>		5. DATE OF BIRTH <b>July 11, 1901</b>		6. AGE (In years last birthday) <b>66</b> YRS.		IF UNDER 1 YEAR MONTHS _____ DAYS _____		IF UNDER 24 HRS. HOURS _____ MIN. _____		2c. DATE PRONOUNCED DEAD Month <b>June</b> Day <b>13</b> Year <b>1968</b>		2d. HOUR <b>4:30 PM</b>	
7a. BIRTHPLACE (State or foreign country) <b>Maryland</b>				7b. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				9. COUNTY OF DEATH <b>QUEEN ANNE'S</b> Md.			
10. CITY OR TOWN OF DEATH <b>Centreville</b>				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>RETIRED SHREMAKER</b>				12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) <b>Maryland</b>				13b. COUNTY <b>QUEEN ANNE'S</b>				13c. CITY OR TOWN <b>Centreville</b>		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER <b>Route 1, Box 146</b>			
14. FATHER'S NAME First <b>SAMUEL</b> Middle <b>ROBERT</b> Last <b>JACKSON</b>						15. MOTHER'S MAIDEN NAME First <b>ROSE</b> Middle <b>ELLA</b> Last <b>HAMMOND</b>									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16b. SOCIAL SECURITY NO. <b>213-16-7001</b>				17. INFORMANT <b>SISTER</b>				ADDRESS <b>Rt. 1, Box 155 Centreville, Md.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia by Drowning</b> <b>830.0</b> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>15-20 min.</b>			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <b>850 X</b>															
19a. DATE OF OPERATION						19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21b. TIME OF INJURY Month, Day, Year <b>June 13 1968</b> HOUR A.M. _____ P.M. <b>6:00</b>				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <b>Fall From boat into shallow water</b>							
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <b>Centreville wharf</b>				21f. LOCATION Street or R.F.D. No. _____ City or Town <b>Centreville</b> County <b>QA</b> State <b>MD</b>							
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>															
ACTUAL SIGNATURE <b>C. R. Layton</b>						CHIEF MEDICAL EXAMINER <input type="checkbox"/>						22b. DATE SIGNED <b>June 14, 1968</b>			
EXAMINER'S NAME (Type) <b>C. R. Layton</b>						DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>						ADDRESS (Street, city, town, or county) <b>Centreville QA Md</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>				23b. DATE <b>JUNE 15, 1968</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chesterfield Cemetery</b>				23d. LOCATION (City or Town) (County) (State) <b>Centreville Queen Annes, Md.</b>					
24. FUNERAL DIRECTOR <b>James H. Butler, Jr. Butler Bros., Centreville, MD</b>						25a. REC'D BY REGISTRAR <b>JUN 17 1968</b>		25b. REGISTRAR'S SIGNATURE <b>[Signature]</b>							

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RECEIVED

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# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
1. DECEASED-NAME (Type or Print) <b>Wayland</b>			First <b>Wayland</b> Middle <b>D.</b> Last <b>Spilman</b>			2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> Month <b>June</b> Day <b>19</b> Year <b>1968</b>		2b. HOUR <b>9:45</b> M <b>A</b>		
3. SEX <b>Male</b>		4. RACE <b>White</b>		5. DATE OF BIRTH <b>Mar. 19-1896</b>		6. AGE (In years last birthday) <b>72</b> YRS		7c. DATE PRONOUNCED DEAD Month <b>June</b> Day <b>19</b> Year <b>1968</b>		
7a. BIRTHPLACE (State or foreign country) <b>Whester</b>		7b. CITIZEN OF WHAT COUNTRY? <b>USA</b>		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <b>Queen Annes</b>		Md.		
10. CITY OR TOWN OF DEATH <b>Rural Stevensville</b>			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>xx</b>			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Retired</b>		12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) <b>ST Maryland</b>			13b. COUNTY <b>Baltimore</b>			13c. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13d. STREET AND NUMBER <b>3209 Elmore Ave; Balt.</b>		
14. FATHER'S NAME First <b>Clarence S</b> Middle <b>Spilman</b> Last <b>Spilman</b>			15. MOTHER'S MAIDEN NAME First <b>Margaret</b> Middle <b>Sadtler</b> Last <b>Sadtler</b>							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>			16b. SOCIAL SECURITY NO. <b>W.W. 1 916-03-6766</b>			17. INFORMANT <b>Wayland</b>		ADDRESS <b>Md. Caddie Dr. Derwood</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> <b>4109</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Arteriosclerotic Cardiovascular</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>disease</b>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>1.5 min.</b> <b>years</b>		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <b>4201</b>										
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. <b>19</b>			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State				
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE <b>C Rodney Layton</b>			EXAMINER'S NAME (Type) <b>C. Rodney Layton</b>			CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED <b>6-19-68</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>June 24</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>		23d. LOCATION (City or Town) (County) (State) <b>Baltimore, Maryland</b>			
24. FUNERAL DIRECTOR <b>Edgar L. Lane</b> ADDRESS <b>Church Hill, Maryland</b>						25a. REC'D BY REGISTRAR <b>JUN 20 1968</b>		25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

09000 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 8&23d, Film G401 6/24/68km										09005	
1. DECEASED-NAME (Type or print)						2a. DATE OF DEATH		2b. HOUR			
Ollie						Month Day Year 6 14 1968		M			
3. SEX FEMALE		4. RACE Colored		5. DATE OF BIRTH 2/5/1900		6. AGE (In years last birthday) 68 YRS.		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN 4			
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH QUEEN ANNES, Md.					
10. CITY OR TOWN OF DEATH Church Hill, Md		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) AT HOME		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) LABOR		12b. KIND OF BUSINESS OR INDUSTRY VARIOUS					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Queen Annes		13c. CITY OR TOWN YES <input type="checkbox"/> NO <input type="checkbox"/>		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
14. FATHER'S NAME First Middle Last Charles Stewart		15. MOTHER'S MAIDEN NAME First Middle Last Ida Goldsboro									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown NO		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 216-40-4305		17. INFORMANT Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4100 Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertensive Cardio Vascular Disease DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 hour 5 years											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 4201											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that (I) (this hospital) attended the deceased from June 1, 1968, to July 14, 1968, that (I) (we) lost saw the deceased alive on May 10, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE John R. Smith - J. M.D.		22c. DATE SIGNED 6-14-68		22d. PHYSICIAN'S NAME (Type) John R. Smith							
22e. ADDRESS CENTREVILLE, Md											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/16/1968		23c. NAME OF CEMETERY OR CREMATORY Church Hill Cem.		23d. LOCATION (City or Town) (County) (State) Church Hill, Q.A. Maryland					
24. FUNERAL DIRECTOR Emmett Wall		25a. REC'D BY REGISTRAR DATE JUN 20 1968		25b. REGISTRAR'S SIGNATURE Charles Judge							

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STATE OF TEXAS

COUNTY OF DALLAS

*[Faint, mostly illegible text and markings, possibly a form or document, with some handwritten notes and a signature line visible.]*

09001

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09006

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE  
HEALTH DEPT.

1. DECEASED-NAME (Type or Print) <b>JAMES VERNON WALKER</b>			2a. DATE KNOWN <input checked="" type="checkbox"/> Month Day Year <b>June 9 1967</b>			2b. HOUR <b>11:45 AM</b>		
3. SEX <b>Male</b>	4. RACE <b>White</b>	5. DATE OF BIRTH <b>Nov. 18 1952</b>	6. AGE (In years last birthday) <b>15</b> YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCED DEAD Month <b>June</b> Day <b>9</b> Year <b>1967</b>		
7a. BIRTHPLACE (State or foreign country) <b>Washington</b>		7b. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <b>QUEEN ANNE'S</b> Md.		
10. CITY OR TOWN OF DEATH <b>QUEENSTOWN</b>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>STUDENT</b>		12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) <b>Maryland</b>		13b. COUNTY <b>QUEEN ANNE'S</b>		13c. CITY OR TOWN <b>CENTREVILLE</b>		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER
14. FATHER'S NAME First Middle Last <b>Joseph Howard WALKER</b>			15. MOTHER'S MAIDEN NAME First Middle Last <b>Georgi Helen DEPNER</b>					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) <b>532-56-0811</b>		17. INFORMANT <b>FATHER</b> ADDRESS <b>JOSEPH H. WALKER, CENTREVILLE, MD. 21617</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowning</b> <b>9109</b> DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <b>9298</b>								
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. TIME OF INJURY Month Day Year <b>June 9 1967</b>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <b>Swimming of Queenstown Dock Tired went Down</b>				
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <b>Queenstown Creek</b>		21f. LOCATION Street or R.F.D. No. City or Town County State <b>Queenstown QA Md</b>				
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE <b>C. R. Layton</b>		EXAMINER'S NAME (Type) <b>C. R. Layton</b>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED <b>June 10, 1967</b>
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		ADDRESS (Street, city, town, or county) <b>Centreville QA Md</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 12, 1968</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chesterfield Cemetery</b>		23d. LOCATION (City or Town) (County) (State) <b>CENTREVILLE, QUEEN ANNE'S, MD.</b>		
24. FUNERAL DIRECTOR <b>Donald H. Butts Jr. - Butts Bros., Centreville, Md.</b>				25a. REC'D BY REGISTRAR <b>Charles Judge</b>		25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>		
				DATE <b>JUN 14 1968</b>				

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

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